

PREPARED TESTIMONY REVIEW

1. TO:
DIRECTOR, FREEDOM OF INFORMATION AND SECURITY REVIEW

2. DATE

The attached document is forwarded for review in accordance with paragraph D.2.a.(2), DoD Directive 5400.4.

3. DESCRIPTION OF DOCUMENT

4. WITNESS

5. COMMITTEE/SUBCOMMITTEE

6. HEARING DATE AND SUBJECT

7. PAGE COUNT

8. THIS DOCUMENT IS FOR *(X applicable term)*

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9. UPON COMPLETION NOTIFY

a. NAME *(Last, First, Middle Initial)*

b. AGENCY

c. TELEPHONE *(Include Area Code)*

10. DIRECT QUESTIONS TO

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11. REQUEST CLEARANCE NO LATER THAN *(YYYYMMDD)*

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